

# Come in for your immunization(s)!

## NAME: \_\_\_\_\_

Complete the whole series of recommended immunizations for the best protection against vaccine-preventable diseases.

### Vaccine(s) Needed:

- ☐ DTaP (diphtheria, tetanus, acellular pertussis)
- ☐ HepA (hepatitis A)
- ☐ HepB (hepatitis B)
- ☐ Herpes zoster (shingles)
- ☐ Hib (*haemophilus influenzae* type b)
- ☐ HPV (human papillomavirus)
- ☐ Influenza (flu)
- ☐ IPV (inactivated poliovirus vaccine)
- ☐ Meningococcal (MCV, MPSV)
- ☐ MMR (measles, mumps, rubella)
- ☐ Pneumococcal (PCV, PPSV)
- ☐ Rotavirus (RV1, RV5)
- ☐ Td (tetanus, diphtheria)
- ☐ Tdap (tetanus, diphtheria, acellular pertussis)
- ☐ Varicella (chickenpox)
- ☐ Other: \_\_\_\_\_



**Keep yourself &  
your family healthy!**

**Look inside for important  
Personal & Confidential  
Information**

Please call us today for an appointment:



Be sure to update your child's immunization record after he or she gets immunized.



TO:



**Dear Colleague,**

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**Sincerely,**  
**Health Education Resource Exchange Web Team**